

Group Insurance Application/Change Form OPSEU Fixed Term Employees Dental Plan INSTRUCTIONS

Please read carefully before completing the form.

Complete this form to apply for optional **Dental Plan** coverage under the Government of Ontario group insurance plan with The Great-West Life Assurance Company (Great-West Life) and to record allowable changes following initial enrolment.

Note: To apply for optional **Supplementary Health and Hospital Plan** (with or without Vision Care/Hearing Aids Coverage) benefits, you must complete another form, [Group Insurance Application Form- OPSEU Fixed Term Employees Supplementary Health and Hospital Plan](#), and submit it to Manulife Financial.

Terms and Conditions

- You may apply (**one time option**) for dental coverage within 31 days of appointment to a fixed term position or within 31 days of a life event (marriage, or the birth or adoption of a child).
- You pay 100% of the monthly premium costs. The insurer, Great-West Life will collect premiums from your personal bank account via pre-authorized debit.
- Coverage will apply for the remaining duration of your fixed term contract and successive contracts not interrupted by a break in employment greater than 13 weeks. Coverage will not apply during a break in employment.

Enrolment

- Complete this form and select Single or Family coverage. Dependants must be identified if you require Family coverage.
- Complete the [Great-West Life Pre-authorized Debit \(PAD\)](#) form to enable the carrier to deduct monthly premiums from your personal bank account.
- Mail the completed form and PAD form to Great-West Life.

Effective Date

Coverage is effective on the first of the month following receipt of your application form and your PAD form by the insurer, for eligible expenses incurred on or after that date. Coverage will remain in effect for the term of your contract and any subsequent contract not interrupted by a break in employment greater than 13 weeks.

Changing Coverage

Allowable changes:

- Change from Single to Family coverage status within 31 days of a life event (marriage, birth or adoption of a child).
- Change from Family to Single coverage status when dependants are no longer "eligible" as defined.
- Terminate coverage or discontinue vision/hearing aids coverage as a result of a change from full-time to part-time contract.

Complete this form to indicate the changes to coverage status, and mail it to Great-West Life within 31 days of a life event.

Write to Great-West Life to terminate SH&H coverage.

The changes will apply for the remaining duration of your contract and any subsequent contract not interrupted by a break in employment greater than 13 weeks.

Termination of Coverage

Coverage will end on:

- The last day of the month in which your OPSEU fixed term employment ends; or
- The first day of the month in which you fail to make a premium payment. Collection procedures may apply to recover claim payments.

Coverage Reinstatement

- Rehire within 13 weeks of a prior fixed term contract end date:** You are not required to reapply for coverage. The prior level of coverage will be reinstated effective the first of the month following your rehire date. You will be required to provide the insurer with post-dated cheques for the term of your new contract.
- Rehire later than 13 weeks after a prior contract ended:** Prior coverage will not be reinstated. You may elect to submit a new Group Insurance Application form within 31 days of your rehire date, as described above.

Definitions

Dependent Child: An unmarried child who is:

- A natural or legally adopted child; or
- A child residing with you during the time of adoption probation; or
- A step-child residing in your household and for whom you are financially responsible; or
- A child residing with you and who is supported solely by you, and who is a relative by blood or marriage, or is under your legal guardianship.

In addition, the dependent child must be:

- under twenty-one (21) years of age; or twenty-one (21) years of age or older but not yet twenty-six (26) years of age and in full-time attendance at an accredited educational institution; or
- twenty-one (21) years of age or older who was insured under the plan prior to reaching age twenty-one (21) and who is mentally or physically disabled and financially dependent on the employee. Insurance carrier approval is required to validate dependant status.

Spouse: A person who is legally married to you, or if not legally married to you, cohabits with you in a continuing conjugal or same sex relationship.

Coordination of Benefits (COB): A group health insurance arrangement designed to eliminate duplicate claim payments and provide the sequence in which coverage applies when a person is insured under more than one insurance plan.

Forms, Signatures and Mailing

The Group Insurance Application Form is available online on MyOPS > My Pay & Benefits > [All Forms](#) or on the [Forms Repository](#).

Mail the completed form directly to Great-West Life along with the PAD form indicating bank account details required to collect premiums. Keep copies for your records.

The [Claim for Dental Benefits, Government of Ontario Employee Plan form](#) is available on the [HROntario Services Portal](#) or on the [Forms Repository](#).

For More Information

- General Information** about your group insured benefits is available in the insured benefits section for Regular staff in the "[Guide to Benefits for OPSEU Represented Employees](#)" posted on the HROntario Services Portal.

- Enrolment, claims, and premium payments**

Please contact the insurer, Great-West Life, directly at:

The Great-West Life Assurance Company
Group Electronic Enrolment Department, D-126
PO Box 6000
Winnipeg MB R3C 3A5
Telephone: 1 800 874-5899

- For general assistance:** Call OSS Contact Centre

	Telephone Number	Teletypewriter (TTY)
Within the GTA	416 326-9300	416 327-3851
Outside the GTA	1 866 979-9300	705 755-5544 or 1 866 310-7259

Note: OSS will not have information on your enrolment, claim status or premium payments.

